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81712 7590 01/18/2911						emicolon
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					***************************************	(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/591,577 06/09/2000			Charles A. Eldering		T702-03	2970
TITLE OF INVENTION: P	RIVACY-PROTECTE	ED ADVERTISING SY	STEM			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1,510.00	.SO <sub>2</sub>	\$0	\$1,510.00	04/18/2011
EXAMINE	R	ART UNIT	CLASS-SUBCLASS	Parameter Spirit		
RETTA, YEHDEGA		3622	705-014000			
<ol> <li>Change of correspondence CFR 1.363).</li> </ol>	address or indication	of "Fee Address" (37	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspond Address form PTO/SB/12	ence address (or Chan 22) attached,	ge of Correspondence	5			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND				•		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identif 37 CFR 3.11. Compl	ied below, no assignee etion of this form is NO	data will appear on the part of the part o	atent. If an assigne assignment.	e is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Prime Research Alliance E., Inc. British Virgin Islands						
Please check the appropriate	assignee category or o	ategories (will not be pr	inted on the patent):	Individual Co	poration or other private gro	oup entity 🚨 Government
4a. The following fee(s) are s	submitted:	41:	o. Payment of Fee(s): (Plea	se first reapply an	y previously paid issue fee	shown above)
Issue Fee		A check is enclosed.				
Publication Fee (No st		MAN .	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504670 (enclose an extra copy of this form).			
Advance Order - # of	Copies		overpayment, to Depo	sit Account Number	504670 (enclose a	n extra copy of this form).
<ol> <li>Change in Entity Status (</li> <li>Applicant claims SA</li> </ol>	•		h Applicant is no lone	zar claimina SMAI	L ENTITY status, See 37 C	ED 1 27(a)(2)
NOTE: The Issue Fee and Puinterest as shown by the reco	ıblication Fee (if requi	ired) will not be accepted	I from anyone other than the	ne applicant; a regis	tered attorney or agent; or ti	ne assignee or other party in
Authorized Signature			Date 4/18/1/			
Typed or printed name Andrew W. Spicer			Registration No. 57420			
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